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CONFIRMATION NO. 2247

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|---|---|--|------------------------|------------------------------------|
| SERIAL NUMBER 10/667,095 | FILING OR 371(c) DATE 09/18/2003 RULE | CLASS 606 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. 03515/LH |
| APPLICANTS Moshe Meller, Haifa, ISRAEL; | | | | |
| ** CONTINUING DATA This appln claims benefit of 60/464,322 04/21/2003 and claims benefit of 60/471,115 05/16/2003 and claims benefit of 60/498,343 08/26/2003 | | | | |
| ** FOREIGN APPLICATIONS | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED .. SMALL ENTITY .. ** 12/12/2003 | | | | |
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 3 | TOTAL CLAIMS 32 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged | Examiner's Signature | Initials | | |
| ADDRESS 01933 | | | | |
| TITLE Rotary apparatus for grafting and collecting bone | | | | |
| FILING FEE RECEIVED 483 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |